

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025640

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

590

Registrar's No.

1804

STATE FILE NUMBER

FILED JUL 2 1962

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Valley Park

Length of stay in 1b

35 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

719 Leonard

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

c. CITY
OR TOWN

Valley Park

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

719 Leonard

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Rosie

Middle

B.

Last

Wideman

4. DATE
OF DEATH

Month

Day

Year

6/16/62

5. SEX

F

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☐

xx

8. DATE OF BIRTH

8/19/1885

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Own home

11. BIRTHPLACE (City and state or country)

Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Unknown Wilson

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

James Wideman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Ora Wideman, R#2, Imperial, Mo.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerosis of heart disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Generalized arteriosclerosis

DUE TO (c)

unknown

INTERVAL BETWEEN ONSET AND DEATH

?

?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

a) Pulmonary Tuberculosis b) Pulmonary Embolism

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1 Dec. 1957

to

6/16/62

and last saw her

alive on

6/16/62

Death occurred at

12:55 P.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. H. Barnett, M.D.

22b. ADDRESS

1044 S. Main Street, St. Louis, Mo.

22c. DATE SIGNED

6/18/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6/19/62

23c. NAME OF CEMETERY OR CREMATORY

Oak Hill Cemetery

23d. LOCATION (City, town, or county)

Kirkwood, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Schrader Funeral Home, Ballwin, Mo.

25. DATE RECD. BY LOCAL REG.

6-18-62

26. REGISTRAR'S SIGNATURE

John B. Murphy, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Richard Bopp

Licensed Embalmer No.

4584

P. O. Address

Ballwin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

* If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.